Application for Neighborhood and Community Development Funds

Submit original <u>and 23 complete copies</u> of this application to the CDBG Office by 4:30 p.m. on the 15th of the month, to be reviewed by the CDBG Committee on the first Thursday of the following month. **When possible, please** duplex your original and copies and send an electronic version to the assigned project manager (if known).

Program	Title: Doors for Security at Hope House	Amount Requested: \$	3,950
Agency:	Hope House Building Corporation	Tax ID/EII	N/FEIN: <i>EIN</i> = 72-1574555
Address:	312 Wisconsin Avenue, Madison, WI 53703-2108	DUNS #:	146756395
Contact Person:	Vernon D. Leibbrandt	Telephone:	(608) 831-5466
	Email: vleibb@tds.net	Fax:	None

1. <u>Program Abstract</u>: Provide an overview of the project. Identify the community need to be addressed. Summarize the program's major purpose in terms of <u>need</u> to be addressed, the <u>goals</u>, procedures to be utilized, and the expected outcomes. Limit response to 150 words.

The Hope House Program moves homeless mothers with infants and toddlers to independent living through intensive training and intervention. Participants live at 4605 Odana Road for approximately 90 days and then move to their own apartment.

Hope House provides a safe place from homelessness. Each mom and child has a room. Securing the space is critical to safety and privacy. Replacing existing door units having hollow core doors and modest locks with sold core doors, deadbolt locks and new hardware will increase the ability to secure the mother and child's space. Three bedrooms and a bathroom need the proposed upgrade.

The housemothers' bedroom has two doors needing replacement. One needs the same door replacement, as do client bedrooms. The second is a wooden door between the house and garage. A new steel clad door capable of resisting fire for 20 minutes including deadbolt lock is needed to provide security and address fire safety concerns.

2. <u>Target Population</u>: Identify the projected target population for this program in terms of age, residency, race, income eligibility criteria, and other unique characteristics or sub-groups.

The Hope House Program involves homeless mothers of newborn infants and toddlers. Since inception in June 2002, the average age of the 62 women who enrolled in the program is 21.3 years. Income for all participants is between 0 and 30% of Dane County Median Income.

Ethnicity of Participants		Education Level of Entering Participants		
African-American	58.1%	No High School Diploma	51.6%	
Caucasian	21.1%	High School Diploma or GED	45.2%	
Hispanic	11.3%	Associate Arts Degree	1.9%	
Biracial	4.8%	Bachelor of Arts Degree	1.9%	
Asian	1.6%			
Native American	1.6%	Individuals who didn't have a high		
		school diploma or GED who took		
Money resident saved		classes while in the program	55.5%	
during residency stay	\$86.86			
		Individuals with a high school		
Living independently		diploma or GED who took courses		
9 mo after enrollment	79.7%	at MATC or earned certificates	11.3%	
1 year after enrollment	72.7%			
# unduplicated individuals estimated to be served by this project.				

12/yr # unduplicated households estimated to be served by this project.

	 A. Housing – Existing Owner-Occupied B. Housing – For Buyers C. Housing – Rental Housing E. Economic Dev. – Business Creating Jobs F. Economic Dev. – Micro-enterprise 	G. Neighborhood Civic PlacesK. Community-based FacilitiesL. Neighborhood RevitalizationN. Access to Housing Resources			
4.	Fund Objectives: Check the fund program objective funding.)	ve which this pr	roject meets. (C	heck all for which	ch you seek
	Acquisition/ Rehab New Construction, Acquisition Expansion of Existing Buildir Accessibility X Maintenance/Rehab Other		utures 	_ Prototype _ Feasibility St _ Revitalization _ New Method	Opportunity
5.	Housing Rental Housing Housing For Buyers Budget: Summarize your project budget by estimate Project budget Project budget Project budget Project		_	_ Housing _ Services source.	
	EXPENDITURES	TOTAL PROJECT COSTS	AMOUNT OF CD REVENUES	AMOUNT OF NON-CD REVENUES	SOURCE OF NON-CD FUNDED PORTION
	A. Personnel Costs				
	Salaries/Wages (attach detail)				
	2. Fringe Benefits				
	3. Payroll Taxes				
	B. Non-Personnel Costs				
	Office Supplies/Postage				
	2. Telephone				
	3. Rent/Utilities				
	Professional Fees & Contract Services				
	5. Work Supplies and Tools				
	6. Other: Repair of doors	\$3,950	\$3,950	0	
	C. Capital Budget Expenditures (Detail in attachment C	;)			
	Capital Cost of Assistance to Individuals (Loans)				
	2. Other Capital Costs:				
	D. TOTAL (A+B+C)	\$3,950	\$3,950	0	

3. Program Objectives: The 5-Year Plan lists 9 project objectives (A through N). Circle the one most

applicable to your proposal and describe how this project addresses that objective.

	Describe the major actors and activities, sequence, and service location, days and hours which will be used to achieve the outcomes listed in # 1.	Use the following format: (Who) will do (what) to (whom and how many) (when) (where) (how often). A flowchart may be helpful.	
	<u>Timeline</u> April 2010	May 2010 July 2010* August 2010	
	Activity Hope House Building Corporation (HHBC) director responsible for Hope House property maintenance seeks bids of home repair firms to replace 4 bedroom, 1 bath and 1 interior garage door.	HHBC Firm Firm Board → begins → completes selects work on project Firm project	
	* Work on the project minimally disrupt the Hope Hous clients will influence the work schedule. The objective	e program. Consequently when rooms are vacant between e is to complete the work during August 2010.	
	The HHBC board member responsible for property n project implementation, progress and quality of work	naintenance and the organization's president will oversee manship.	
7.	What was the response of the alderperson of the dis	trict to the project?	
	(project) selection because she no longer serves on	lermanic District 20, didn't feel that she had a say in the the CDBG (committee). Alder Pham-Remmele did offer to of grant recommendations comes before the Common	
8.		I/or rehab? [If applicable, describe the amount of funds match requirements (HOME or ESG) with its qualifications.]	
	X No Complete Attachment A		
	Yes Complete Attachment B and C and one of the	e following: D Facilities	
		E Housing for Buyers F Rental Housing and Proforma	
9.	Do you qualify as a Community Housing Developme qualifications.)	nt Organization (CHDO)? (See attachment G for	
	X No Yes - Comple	te Attachment G	
10. Do you seek Scattered Site Acquisition Funds for acquisition of service-enriched housing?			
	X No Yes - Comple	te Attachment B, C, F, and H	
11.	. Do you seek ESG funds for services to homeless pe	rsons?	
	X No Yes - Comple	te Attachment I	

6. Action Plan/Timetable

12.	This proposal is hereby submitted with the approval of the Board of Directors/Department Head and with the knowledge of the agency executive director, and includes the following: A motion to submit this proposal was made on February 6, 2010 and was approved by Hope House Building Corporation Board of Directors.			
		Future Fund (Attachment A)	Housing for	Resale (Attachment E)
		Property Description (Attachment B)	Rental Hou	sing and Proforma (Attachment F)
		Capital Budget (Attachment C)	CHDO (Atta	chment G)
		Community Service Facility (Attachment D)	Scattered S	Site Funds Addendum (Attachment H)
			ESG Fundi	ng Addendum (Attachment I)
3.	file either a	Action: If funded, applicant hereby agrees to nexemption or an affirmative action plan wand instructions are available at: <a 39.05,="" agreement="" and="" complies="" href="http://www.ntm.ntm.ntm.ntm.ntm.ntm.ntm.ntm.ntm.ntm</td><td>ith the Departme</td><td>nt of Civil Rights. A Model Affirmative</td></tr><tr><td>14.</td><td>Ordinances
39.05(7) of
of Complian
assistance.
with section
Facilities an
any part of</td><td>nination Based on Disability: Applicant solution, Nondiscrimination Based on Disability in the Madison General Ordinances, no City find the Madison General Ordinances, no City find the Madison General Ordinances and City-Assisted Programs and Activities," http:="" mgo."="" sec.="" td="" this="" v.05(4),="" with="" www.cityofmadison.com<=""><td>City-Assisted Pronancial assistance ant or recipient, pances: Applicant, entitled "Nondis d agrees to ensurwhere applicable,</td><td>ograms and Activities. Under section shall be granted unless an Assurance rior to the granting of the City financial assures and certifies that it will comply crimination Based on Disability in City e that any subcontractor who performs including all actions prohibited under</td>	City-Assisted Pronancial assistance ant or recipient, pances: Applicant, entitled "Nondis d agrees to ensurwhere applicable,	ograms and Activities. Under section shall be granted unless an Assurance rior to the granting of the City financial assures and certifies that it will comply crimination Based on Disability in City e that any subcontractor who performs including all actions prohibited under
	Signature	Norval E. Brohardt, M.D.		Date: 2/8/10
	Signature: _	Norval E. Brnhardt, M.D. President-Board of Directors/Department Head		Date: <u>2/8/10</u>
	Signature: _	Hope House does not employ an Executive Direct Executive Director	or	_ Date:

For additional information or assistance in completing this application, please contact the CDBG Office at 267-0740.